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VOL. XLIV-XVII

NO. 8

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating

THE LOS ANGELES JOURNAL OF ELECTRIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL

ISSUED MONTHLY

AUGUST, 1920



O. C. WELBOURN, A. M., M. D., Editor
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"In cervicitis and its allied conditions, the best remedial agent, in my opinion, is



"It can be applied warm, on a wool tampon and packed in the vagina against the cervix, and supported lightly with a gauze dressing, held in place with a T-bandage. Care must be taken not to pack so tightly as to prevent drainage.

"Pruritis, from vaginal irritation, is alleviated within twenty-four hours by the application of Antiphlogistine. The osmotic and hygroscopic properties of this preparation, make it one of the best means of treating pelvic congestion."

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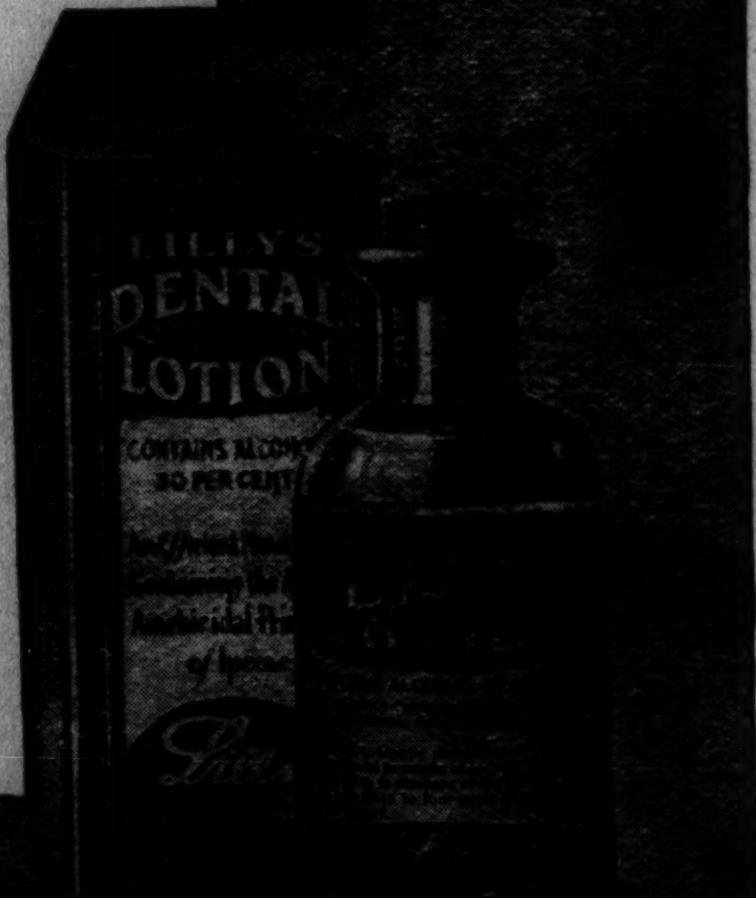
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SUMMARY OF REPORTS FROM ONE THOUSAND PHYSICIANS

Remedies named as most useful in INFLUENZA

Aconite	788
Gelsemium	772
Bryonia	707
Macrotyls	384
Veratrum	353
Eupatorium	328
Lobelia	324
Asclepias	268
Ipecac	236

Remedies named as most useful in PNEUMONIA

Bryonia	723
Aconite	617
Veratrum	576
Lobelia	468
Ipecac	411
Asclepias	366
Gelsemium	293
Belladonna	169
Sanguinaria	134

Many physicians found it impossible to name any remedy as of "most importance," stating, very truly, that each is "most important" when its use is indicated. Others named two or more as most serviceable, giving usually the conditions under which each was used. For example, "Gelsemium is most frequently indicated, but where sepsis is marked, Echafolta or Echinacea becomes most important." A typical answer, often made, is as follows: "In nearly every case I find indications for three remedies—Gelsemium, Macrotyls and Eupatorium." Again, "Aconite for fever, Eupatorium for bone-ache, and Macrotyls for muscular soreness."

EXTERNAL APPLICATIONS

Libradol	618	Camphorated Oil	62
Compound Emetic Powder	185	Onion Poultice	38
Turpentine Applications	110	Iodine Applications	14
Antiphlogistine	96	Scattering	120
Mustard Applications	72		

Under "Scattering," are included many private prescriptions, as well as such applications as "mush jacket," "flaxseed poultice," "quinine and lard," and one each of the following: "capsicum, mustard and tar," "tobacco and wheat flour," "snuff and black pepper." "Dry cupping" finds one advocate.

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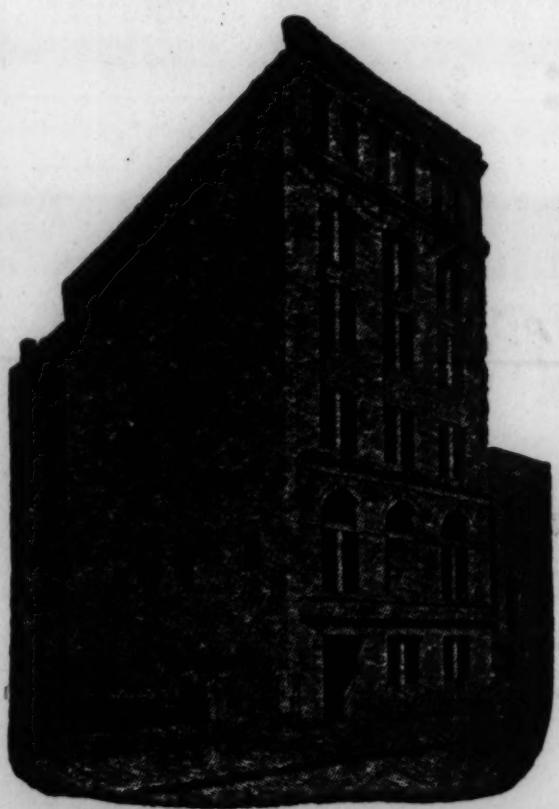
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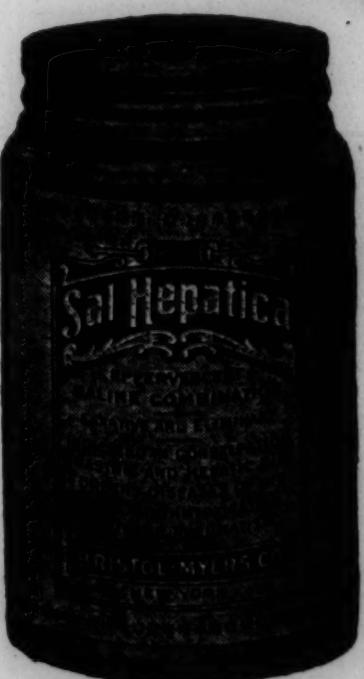
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The California Eclectic Medical Journal

Vol. ~~XLI~~ XII

AUGUST, 1920

No. 8

:: Original Contributions ::

TINCTURE OF ALFALFA IN OBESITY

J. C. Reinsmidt, M.D., Los Angeles

(Read before the California State Medical Society.)

To reduce superfluous fat about the heart, abdominal regions, etc., in obesity cases I have found the use of Alfalfa most efficacious.

From careful observations during over three years' experience with it, I feel justified in saying that its administration in obesity cases can be handled with a great deal of success.

In most cases there has been no rapid or marked decrease in weight but more often a reduction of the waist and chest measurements with a noticeable toning up of the whole system and hardening of the tissues.

I will give a brief history of a few cases I have treated, to illustrate the effect produced on various people.

Case No. 1. Mrs. C., age 43, weight 184. No hereditary tendency. Fatty condition mostly about abdomen, with pressure on heart and adjacent organs. Waist measure 35 in., chest 38, height 5 ft., 8 in. Began treatment April 10, 1918. On April 20, 1918 weight was 179, waist 34, chest 36. On May 6, 1918, weight was 175, waist 33, chest 35. This reduction continued until June 28, 1919, when she quit taking the treatment as she then weighed 154 lbs., waist 30 in., chest 33. There was marked improvement in her breathing and less heart palpitation. She is still a patient of mine, off and on, but has never gained in flesh since her reduction under the Alfalfa treatment.

Case No. 2. Mrs. J., age 28, weight 232 lbs., height 5 ft., 6½ in. Had not menstruated for one year. Began treatment Sept. 9, 1916. Chest 40 in., waist 37, hip 50. Oct. 3rd, chest

38, waist 35, hip 48. Nov. 8, chest 37, waist 32½, hip 47. The first month's use of the alfalfa caused the menstruation to reappear and her health began to improve so she was able to resume all her household duties.

Case No. 3. Mrs. P., age 42, height 5 ft., 4½ in., weight 262 lbs. Began treatment July 24, 1917. Chest 44, waist 44, hip 60. Aug. 19, chest 40½, waist 40, hip 57. Sept. 4, chest 39, waist 40, hip, 56. Oct. 16, chest 39, waist 38, hip 52. When patient began treatment she was unable to do such housework as sweeping or laundry work. The least exertion would cause extreme shortness of breath. After the first month's treatment she was able to go about her work with more strength and very little effort and later on could accomplish it very easily.

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Cascara Evac. P. D. & Co., 3 ij
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Sig. Teaspoonful before meals and at bedtime.

The cascara gives flavor to the medicine as well as having slight laxative effects.

I have treated more than thirty cases besides these I have mentioned and in everyone I have been successful with them to such a degree that I have been prompted to write this article and so "pass it along."

THE MUNK LIBRARY OF ARIZONIANA*

J. A. Munk, M.D., Los Angeles, Calif.

In 1884 I began collecting books on Arizona and have been engaged in the work ever since. The plan for gathering a library was not premeditated but purely accidental, and was due to my taking a vacation and visiting a cattle ranch in which I became interested. This ranch was located in Railroad Pass in the mountainous region of southeastern Arizona. It is in the heart of the rugged Apache country, which region at that time was full of action and excitement. Hostile Indians were out on the warpath and the military was busy running them down. Everything was new and strange, and I was greatly fascinated; and to breathe the soft balmy air, laden with the sweet fragrance of a variety of delicate desert perfumes, added much to the joy of living.

* The historical data contained in this article was compiled by the librarian, Miss Adelaide Chamberlin.

The trip furnished the opportunity to see more of the far West, which had been my dream from childhood. Stories of the woods and the wilderness, of wild animals and wilder Indians always attracted me and I was eager to see for myself the things of which I had read.

After seeing Arizona I found it so interesting that I was consumed with curiosity to learn more about the country. When I returned home I immediately began to acquire all the books that I could find describing it. My one surprise now is that, after having made the start with no definite purpose in view, I should have continued without pause during the past thirty-five years collecting Arizona books. This has resulted in the assembling of a unique library.

The Southwest has the oldest white civilization in America, which already had a culture of its own when the white man first found it. The country was sparsely populated by tribes of sedentary Indians who lived in pueblos and followed farming. They were a peace loving people and disinclined to wage aggressive warfare, but were valiant defenders of their homes.

Geographically and historically Arizona is the center of the great Southwest which embraces much additional territory and especially includes New Mexico and Sonora. These three adjoining states are all of one piece and are intimately related. Realizing this fact caused me to broaden my field of inquiry to include all books on the Southwest. Books that treat of Arizona often overlap into adjacent territory like New Mexico, Northern Mexico, California, Utah and Colorado; and all such books deserve a place in the library, and are accordingly being added to the collection.

The many valuable resources and attractive scenery of the Southwest, together with its early discovery and occupation by the Spaniards, makes it an important storehouse of historical lore, that has caused it to be more written about than any other portion of the United States. It is the purpose of the library to gather all of this source material that can be found and make it available for students and scholars for the benefit of mankind.

Original copies of first editions of early books, or books with costly bindings, are of course desirable, but these qualities are not particularly sought. They are purchased without regard to the character of their make-up, provided they furnish the information desired by giving a full and accurate account of the subject discussed. The books which have accumulated are printed in several languages, English, Spanish, French,

German and Dutch, but are mostly in English. Some of them have been translated into different languages and issued in two or more editions, all of which have a place in the library.

The recorded history of the Southwest extends back nearly to pre-Columbian days and prior to Coronado's great march, to an expedition that was sent out from Spain in 1527 under Panfilo de Narvaez to conquer the province of Florida. This seems like a far cry from Arizona, but is the real origin of its history and the basis of our literature.

The Spanish flotilla of five ships with about six hundred souls on board reached the Florida coast nearly one year later, where three hundred men were landed and marched inland to explore the country. The ships were ordered to follow along the shore to an agreed rendezvous at a harbor called Panuco. After some time of fruitless wandering and great hardships the reconnaissance party returned to the coast but found no harbor or vessels waiting there. In their almost helpless condition they contrived to piece together five barges in which they embarked on the twenty-second of September, 1528, to find the missing ships. The boats were soon separated and destroyed by terrific storms. Two of the barges were driven on shore and the men who reached land were made captives by the Indians.

After six years of captivity the four survivors, namely, Alvar Nunez Cabenza de Vaca, Andres Dorantes, Alonso del Castillo Maldonado and an Arab Moor, Estevanico, sometimes called the negro, managed to escape from the Indians, and then, under the leadership of Cabeza de Vaca, started afoot on their long overland journey to Mexico. They soon developed into medicine men and, on account of their honored profession, were well treated by the Indians whom they met. This isolated band of intrepid adventurers traveled through the then unknown country of Texas, New Mexico, Arizona and Sonora to Sinaloa on the Gulf of California, but their exact route is not known. They succeeded in reaching Culiacan alive and related their experience to Melchoir Diaz, chief alcalde of the province, who received them kindly.

They told him what they had heard about a strange people living in cities made of stone houses and containing much wealth, which so excited the cupidity of the Spaniards that they immediately resolved to raise an army and go in search of the treasure.

At the suggestion of Coronado, the viceroy of New Spain, Antonio de Mendoza, sent Fray Marcos de Niza to the north to ascertain the truth about Cabeza de Vaca's report. He left

Culiacañ March 7, 1539, accompanied by Estevanico and some Indians. After a time he sent Estevanico ahead with orders to send back accounts of what he saw.

Soon emissaries came back telling of Cibola, and Niza followed day by day in the footsteps of his scout. Early in May news was brought that Estevan had reached Cibola and tried to enter against the wishes of the inhabitants, who had then killed him. Niza advanced until he could see Cibola in the distance, when he took formal possession in the name of the King of Spain and returned by hurried marches, reaching Mexico City in September, 1539.

Francisco Vasquez de Coronado organized his expedition as a result of Niza's accounts and left Compostela, New Galicia, February 23, 1540. At Culiacañ Coronado reorganized his company and then started north with his army of free-booters into the unbroken wilderness.

He reached Cibola in July, 1540. A party was sent from here towards the northwest, which discovered the Hopi villages. Thereafter another party was sent in the same direction under Pedro de Tovar and one of his men, Garcia Lopez de Cardenas, with about twelve companions, first saw the Grand Canyon. Traveling eastward from Cibola, winter headquarters for the main army were made at Tiguex near the present Albuquerque.

On April 23, 1541, the whole army started for Quivera, led by the Indian guide called the Turk. After weary marches Quivera was found to be a village of Wichita Indian tepees not far from Great Bend on the Arkansas River. Finding nothing of value Coronado journeyed back to Mexico by way of Cibola in the spring of 1542.

Hernando de Alarcon was the first to navigate the Colorado River. He was sent in command of several ships to explore the northwest coast of Mexico, at the same time that Coronado went in search of Cibola, which was supposed to be on or near a large body of water. He started from Acapulco May 9, 1540, and followed the shore until he reached the mouth of the Colorado River. His sailing vessels were unable to proceed, so with twenty men and two small boats he started up stream August 29, 1540. After a journey of over fifteen days they returned to the ships, having heard from the Indians that Coronado had reached Cibola.

In the following month, with replenished supplies, Alarcon made a second up-river journey. This time he went as far as the beginning of the Grand Canyon, where he left letters buried under a tree in a sealed jar, telling how he was unable

to proceed and having waited many days for news from Coronado had returned to New Spain, explaining that the Gulf of California was a bay and not a strait as had been supposed. These letters were found by Melchoir Diaz, whom Coronado had sent westward from Corazones with a small party to find the ships. Diaz crossed the river and finding only a desert beyond, turned back to Corazones, but died on the way there.

Fray Augustin Rodriguez, accompanied by two priests and eighteen men, set out from San Bartolome, Chihuahua, June 6, 1581, for the land which they named New Mexico, and founded the first mission at Puaray. The soldiers under their captain, Francisco Sanchez Chamuscado, searched for gold and discovered the first silver mines. They refused to go farther with Rodriguez and his two companions and returned to Mexico City in May of the following year. Rodriguez and the two priests remained at Puaray, where they were all killed by the Indians.

Late in 1582 Antonio de Espejo started from Santa Barbara, Chihuahua, with a small party financed by himself, to go in search of Rodriguez and the two priests, of whose desertion by the soldiers of their party he had heard. When his expedition had passed Isleta he learned of their murder. Then Espejo decided to make some brief expeditions before returning to Mexico. With two men he for two days traveled east to the buffalo country. Then he went up the Rio Grande and westerly with his whole command as far as Zuni. From here Espejo with nine men traveled as far west as the Hopi villages. He estimated their population as 5,000, which was probably an overestimate. The expedition returned by way of the Pecos River through Texas, reaching Santa Barbara, September 20, 1583.

With about one hundred and thirty soldiers, ten Franciscan friars and a number of colonizing families, Juan de Onate started from San Bartolome, January 20, 1598, for New Mexico. He crossed the Rio Grande below El Paso in May and formally declared New Mexico to be a part of the Spanish Kingdom. Moving up the Rio Grande to near its junction with the Chama, he founded the town of San Gabriel de los Espanoles, the second oldest town in the United States, in the fall of 1598. He traveled to Acoma where he put down a revolt. In 1605 Onate founded Santa Fe. In 1608 he was superseded by Pedro de Peralta, the second governor of New Mexico.

In 1621 the Franciscan missions, which claimed 16,000 Indian converts, were organized as the Custodia of the Con-

version of Saint Paul, and Alonzo Benavides came as the first custodio, with twenty-seven friars. He was a tireless worker and made a lengthy report as to the people and provinces of New Mexico in 1626, when he was recalled to Mexico. This report was transmitted by the commissary-general of the Franciscans in Mexico to King Phillip IV and printed in Madrid in 1630.

As the result of ever increasing oppression of the Indians by the Spaniards, on August 10, 1680, following the plan of a pueblo Indian named Pope, the pueblo towns revolted and about 400 Spaniards were massacred in the outlying pueblos. At Santa Fe, which had been made the capital of New Mexico in 1605, nearly 2,000 people, including 155 soldiers, assembled to resist the attack of the Indians. On August 19 the Spaniards made a sortie and captured forty-seven Indians who were executed on the plaza. The next day, however, they were forced to evacuate the town, and this the Indians allowed them to do, following them for seventy miles to be assured that they were really leaving the country. The refugees made winter quarters about thirty miles north of El Paso at San Lorenzo, from which point most of them later made their way to the settlements in Chihuahua. Twenty-one Franciscans are said to have been killed and all evidence of their enforced religion destroyed.

In 1681 Antonio de Otermin, then governor of New Mexico, organized an unsuccessful attempt to regain with a force of about 200 soldiers the country from which he had been forced to retreat the year before. From this time on until 1692 the various governors made a series of expeditions against the pueblos but did not succeed in a permanent occupation. Pope retained supreme authority over the Indians until he died in 1688.

August 21, 1692, Diego de Vargas, appointed by the viceroy of New Spain to the task of reconquering New Mexico, left El Paso with 200 soldiers and 100 friendly Indians. He reached Santa Fe in twenty-three days and was able to enter the city peaceably, promising pardon to all who gave allegiance to Church and King. This he did at all the pueblos and then went back to El Paso to collect the people who were to re-colonize the country. Not until October 13, 1693, did this large company start for New Mexico, and when they arrived at Santa Fe in December their occupation of the city was opposed. A fierce battle was fought in which the Spaniards were at last victorious. Sporadic hostilities continued for over

two years more in the pueblo country, but in 1696 the reconquest was complete.

In 1696 De Vargas was succeeded as governor by Pedro Rodriguez Cubero who held him a prisoner under charges in Santa Fe until July, 1700, when he left for Mexico to seek redress. The King, appreciating his services, reappointed him as governor and in 1703 he returned to Santa Fe. April 14, 1704, he was killed in a foray against the Navajos.

Padre Kino, an Austrian by birth, was sent from Mexico in 1687 to work among the tribes of Pimeria Alta. In this year he established the mission of Nuestra Senora de los Dolores, about 100 miles south of Tucson. This mission was his headquarters for twenty-four years of exploration and work. From this base he established a number of missions in the valleys of the Magdalena and Altar; crossed the Sonora line and founded San Xavier del Bac in 1700 and within the next two years Guevavi and Tumacacori; several times explored the Gila River; twice he descended the Colorado River below the mouth of the Gila, once crossing into California and once reaching the Gulf in an attempt to prove whether California was an island or a peninsula.

Kino died in 1711 and for more than twenty years no Spaniard is known to have entered Arizona. A tireless worker and traveler, Kino is said to have baptized more than 48,000 Indians, but he left no very permanent results, although twenty-nine missions and seventy-three Indian pueblos were founded in what is now Sonora and Arizona by him and his missionaries. Padre Juan Maria de Salvatierra was intimately associated with Kino in this work which was carried on by the Jesuits.

After the expulsion of the Jesuits in 1767, fourteen Franciscan missionaries were sent from Mexico to take their places, at the request of the Marquis de Croix. Among them was Padre Francisco Garces who was assigned to San Xavier del Bac, arriving there June 30, 1768. From here he made extensive pilgrimages. In 1769 he entered the Apache country and observed various nations. In 1771 he went to prepare the Indians for the future founding of missions and in visiting the Yumas followed the Colorado River to the sea. He went with Captain Anza on both of his expeditions to California and afterwards started north from Yuma and traveled as far east as the Hopi villages, returning to San Xavier September 17, 1776. In August, 1779, he was ordered to go to the Colorado River, where at the mission of Puerto de la Purisima Concep-

cion, the site of Yuma, he was killed by the Indians on July 19, 1781.

Juan Bautista de Anza was born at Fronteras in 1735 and entered the army in 1753, taking part in many campaigns against the various hostile Indian tribes. Later he commanded two memorable expeditions. On January 8, 1774, he left Tubac with thirty-four men including Padre Garces and Diaz, for the purpose of finding a suitable road from Sonora to Alta California, for the use of future colonists. On March twenty-second he reached San Gabriel, California, having proved the existence of a practical route, and made this difficult march without losing a man. Diaz and Garces were really the chief guides, Diaz having made the same journey three years before. From here he went to Monterey and from there returned to San Gabriel and Tubac.

Anza's second expedition was organized at San Miguel de Horcasitas, Sonora, September 29, 1775. Pedro Font, then in charge of the mission San Jose de los Pimas, was detailed as spiritual adviser. Padre Garces and Padre Tomas Eixarch were directed to accompany the expedition as far as the Colorado. They all started from Tubac October 22, 1775. In the party were 240 persons, including the families of the colonists, soldiers and some Indians, with 1,000 domestic animals. Garces and Eixarch remained with the Yumas on the Colorado while the main expedition went on and reached San Gabriel in January, 1776. With an advance party including Padre Font, Anza went north along the coast and on March twenty-eighth founded San Francisco, turned over the colonists to Lieut. Moraga, and with Font and a considerable force started back. Padre Font is remembered particularly for the numerous well-drawn maps he made while traveling.

In June, 1775, Padre Silvestre Velez de Escalante, a New Mexican Franciscan father, spent eight days in the Hopi towns, trying to learn of a road from Santa Fe to Monterey by the regions of the north. His report influenced the governor of New Mexico, Pedro Fermin de Mendareta to assist the Franciscans in an attempt to discover such a passage the following year. With an escort of nine soldiers, Padre Escalante and Padre Francisco Atanacio Dominguez set out from Santa Fe July 9, 1776. Traveling in a northwesterly direction they reached northern Utah, discovering a large lake which they named Lago Salado (Salt Lake), a name it bears to this day. They returned by a circuitous route through Arizona, crossing the Colorado River by swimming, near the site of Yuma, visiting the Hopis and Zunis and reaching Santa Fe January 2, 1777.

This rather lengthy reference to the early history of the Southwest is given to show how extensive were the activities of the Spaniards in settling New Mexico and the Arizona region, all of which happened prior to the year 1800.

Original old books of Arizoniana are of course few and hard to find; and even some of the more recent ones have become very scarce. Among the rarer items in the Munk library is De Torquemada's "Monarchia Indiana," published in Madrid in 1723. The work consists of three large quarto volumes bound in vellum, each containing an elaborately engraved title page. Other books of an early date are De Benavides "Requête Remonstrative au Roy d' Espagne sur la Conversion du Nouveau Mexico," Bruxelles, 1631. This book is a translation from the original Spanish copy published in Madrid in 1630. Heylen's "Cosmographie, Containing the Chorographie and History of the Whole World," London, 1677; Herman Moll's "Complete Geographer," London, 1709; De Herrera's "History of the Vast Continent and Islands of America" is an English edition, translated by John Stevens and printed in London in six volumes handsomely bound in calf, in 1725. Miguel Venegas' "History of California" includes Arizona, with maps and illustrations, 2 vols., London, 1759; De Page's "Voyages autour du Monde," 3 vols., Berne, Switzerland, 1783; Alcedo's "Diccionario Geografico-Historico," 5 vols., Madrid, 1786; Raynal's "History of the East and West Indies," 8 vols., London, 1788; De Humboldt's "Nouvelle Espagne," 5 vols., Paris, 1811; and another four-volume English edition issued in the same year; and Malte-Brun's "Universal Geography," 6 vols., Philadelphia, 1827.

Until the middle of the nineteenth century, Arizona was a part of New Mexico and the history of one is the history of both. Soon after the year 1800 American adventurers began to drift into Mexican territory in the capacity of explorers, trappers and traders and it was not long until a considerable trade was established between the two nations. Santa Fe, being the nearest town to the American outposts and the largest city in New Mexico, was the goal and the magnet which drew all wanderers through the western wilds to its gates.

William Morrison of Illinois was the man who started the Santa Fe trade in 1804 by sending Baptiste La Lande, a French Creole, there with a small assignment of goods. Attracted by the country, La Lande sold the goods, appropriated the money to his own use and remained in Santa Fe. James Purcell of Kentucky was the second arrival in 1805.

He was driven into Santa Fe by the Indians and his trapping expedition wrecked.

Glowing accounts of the marvelous richness of the west soon traveled east, which started a hegira of new adventurers towards the mountains. As a result of the spreading of these stories, the government sent out its first exploring expedition under Lieut. Zebulon Pike in 1806. His instructions were to examine the country that was tributary to the Arkansas and Red Rivers, and to establish friendly relations with the Indian tribes living there. From that time on emigration flowed rapidly into the west and new enterprises were started. Various expeditions, both public and private, were sent into the country to investigate its resources which now attracted general attention.

Among the notable men of the early days were Sylvester and James Pattie, father and son, from Kentucky, who left Saint Louis with a trading caravan in the summer of 1824, headed for Santa Fe. There they obtained permission from the Spanish governor to trap for beaver on the Gila River. They spent five months in this occupation and were very successful but the Indians stole all their furs. For a time they worked the Santa Rita copper mines, but were forced to abandon them in the spring of 1827. They again engaged in trapping on the Gila, following the stream down to its confluence with the Colorado and from thence to the Gulf of California, hoping to find a settlement there. Finding none, they struggled through Lower California to San Diego, where they were made prisoners, and the elder Pattie died in his cell. James, the son, was finally released and succeeded in making his way by land through Mexico to Vera Cruz, and then by water to New Orleans and Cincinnati. He reached his old Kentucky home worn and penniless after enduring six years of great perils and hardships.

Captain Jedediah Smith was the first white man to enter Arizona from the north. In August, 1826, he started with sixteen men from Salt Lake and traveled to the Virgin River in Arizona, not far from its junction with the Colorado, near the southwestern corner of Utah. In 1830 Smith and his two partners sold out their northern fur company and entered the Santa Fe trade. On a trip from Saint Louis to Santa Fe he separated from his companions in search of water and was killed by a band of Comanche Indians on the banks of the Cimarron.

Kit Carson, the most noted scout and guide of his time, had his first Indian fight with Apaches on the Salt River in

Arizona in 1827. He married a Mexican woman and lived at Taos, New Mexico. He was guide for Col. Fremont and dispatch bearer from California for the government through the badly infested Indian country, where he did valiant service for the people.

Col. John C. Fremont, called the Pathfinder, made four expeditions through the mountains of the west during the forties and took an active part in the conquest of California. In 1849 he crossed Arizona by the Gila River route on his way to California, where he lived for a time on a ranch. He was appointed governor of Arizona in 1878, but never saw active service.

Among the more recent books dating from and after the Mexican War and published in Washington, D. C., are Lieut. Emory's "Notes of a Military Reconnaissance," 1848, and "Report on the United States and Mexican Boundary Survey," 3 vols., 1857; the "Pacific Railroad Reports," contained in thirteen large quarto volumes and published during the fifties; "Wheeler's Geographical Surveys West of the 100th Meridian," 7 vols., conducted during the seventies; Annual Reports of the Secretary of the Interior, Commissioner of Indian Affairs and of the Indian Military Service, Smithsonian Institution, Bureau of Ethnology, Geology, Agriculture, Irrigation and Reclamation, furnish a mass of information that is valuable historically. The numerous monographs on the Zuni and Hopi ceremonies and of pueblo and cliff dwelling ruins by Dr. Fewkes also belong to this group. Carl Buschmann's and Buckingham Smith's Indian philological studies; and the vocabulary and dictionary of the Navajo language by the Franciscan fathers at Saint Michaels, Arizona, are likewise important documents.

Other books of merit are Ward's "Mexico," 2 vols., London, 1827; Hardy's "Travels in the Interior of Mexico," London, 1829; Pattie's "Narrative," Cincinnati, 1833; Kendall's "Texan Santa Fe Expedition," 2 vols., New York, 1844; Gregg's "Commerce of the Prairies," 2 vols., New York, 1844; Hughe's "Doniphan's Expedition," Cincinnati, 1847; Bartlett's "Personal Narrative," 2 vols., New York, 1854; Stratton's "Captivity of the Oatman Girls," San Francisco, 1857; Cremony's "Life among the Apaches," F., 1868; Brown's "Adventures in the Apache Country," San Francisco, 1869; Davis' "Spanish Conquest of New Mexico," Doylestown, 1869; Pumelly's "Across America and Asia," New York, 1871; Peter's "Life of Kit Carson," Hartford, 1873; Hinton's "Handbook of Arizona," San Francisco, 1878; Tyler's "History of the Mor-

mon Battalion," Salt Lake, 1881; Bancroft's "History of Arizona and New Mexico," San Francisco, 1890; Bourke's "On the Border with Crook," New York, 1891; Bandelier's "Gilded Man," New York, 1893; Lummis' "Spanish Pioneers," Chicago, 1893; Wright's "Indians Taxed and Not Taxed," Washington, 1894; Coues "On the Trail of a Spanish Pioneer," New York, 1900; Chittenden's "American Fur Trade," 3 vols., New York, 1902; Winship's "Journey of Coronado," New York, 1904; Twitchell's "Leading Facts of New Mexican History," 2 vols., Cedar Rapids, 1911; Read's "History of New Mexico," Santa Fe, 1912; Prince's "History of New Mexico," Cedar Rapids, 1912; Reagan's "Don Diego," New York, 1914; McClintock's "History of Arizona," 3 vols., Chicago, 1916; Gregory's "Navajo Country," Washington, 1916; Dale's "Ashley-Smith Explorations," Cleveland, 1918; Bolton's "Kino's Historical Memoir of Pimeria Alta," Cleveland, 1919, et cetera.

Perhaps the rarest of modern items is "Reid's Tramp, A Journal of Incidents During Ten Months' Travel Through Texas, New Mexico, Arizona, Sonora and California," Selma, Ala., 1858. It is claimed that there are only four copies of this book in existence, the bulk of the edition having been destroyed by the Civil War upheaval. The author was First-Lieutenant of Col. Crabb's auxiliary filibustering expedition in Sonora and was one of the few men that escaped the general massacre.

The library now contains fully 15,000 volumes and new books are being added whenever an opportunity offers. The books are shelved in a room of the Caracol tower of the Southwest Museum which is thirty feet square and eighteen feet high. The room is surrounded by a gallery that doubles its shelf space.

Arizona has never been my residence, but I have made one or more trips into the state every year during the past thirty-five years. On most of those trips I carried a camera and took many pictures of places I saw and people I met. These pictures tell a story of their own of scenes that are rapidly disappearing and will very soon be only a memory. Two thousand of these pictures have been arranged in an album of ten volumes of two hundred pictures each, which are also the property of the Museum. These pictures cannot be duplicated and show how local conditions have been changed during recent years by the onward march of progress.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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THE EMUNCTORIES

It would appear that in the beginning of the practice of medicine the alimentary tract was given due consideration. Thus, the early writings are replete with observations upon the action in health and in disease of the "prima viae." And, even at the present time this combination will not permit itself to be forgotten or abused, for long. Probably the reader will agree with us that there is but little danger of the patient forgetting to put food into him—it is what said food does to him afterwards. There is a great deal of truth in the adage, "he dug his grave with his teeth." They will do it, you know!

Try as hard as he may the doctor usually has but little control over what a patient eats. Thus it has developed that he devotes his energy largely to protecting the patient from the consequences of his own intemperance. Mending rather than preventing is our chief occupation. Much of the so-called food is not food at all in the physiological sense, and the remainder is but an approximation to the real thing. However, all that goes in must come out, and such parts as can not be assimilated and converted into energy are in fact so much refuse serving no purpose except to clog up the machinery. The removal of such "by-products" together with the natural waste of the body is the object and function of the emunctories. And the observer frequently will be amazed at the fairly successful manner in which one or all of the emunctories

in a certain patient have carried an overload for years. Also he will be gratified by the way they will respond to a treatment which is encouraging but not drastic. Frequently in a few weeks such a patient can be made a new man. We are quite aware that it is no longer considered to be good style to use the word, "alterative," but it is "good treatment" nevertheless. Should the reader be a doubting Thomas let him carefully select a vegetable alterative in accordance with the methods of the "eclectic fathers" and prove its value for himself. By such means many patients with complicated chronic diseases are greatly benefitted. Not only does the patient return for more, but he brings his friends with him.

FINLEY ELLINGWOOD, M.D.

Dr. Finley Ellingwood was born at Manchester, Indiana, September 12, 1852 and died in Pasadena, California, June 21, 1920, sixty-eight years old.

He graduated from the Bennett Medical College, Chicago, in 1878 and practiced medicine successively in Braidwood, Chicago, and Evanston, Illinois, the latter city being his home during the past twenty-eight years.

He was professor of chemistry in the Bennett Medical College for six years, after which he taught *Materia Medica* and *Therapeutics* for seven years, or until the school was discontinued. During his active years of teaching he wrote several medical books, as follows: *Synopsis of Medical Chemistry*, 1889; *Manual of Urinalysis*, 1891; *Materia Medica and Therapeutics*, 1899, which was rewritten and issued in a second edition in 1915; *Practice of Medicine*, 1910; and *Pregnancy and Labor* in 1912. He also was editor of the *Chicago Medical Times* during twelve years, and of *Ellingswood's Therapeutist* since 1906.

He was secretary of the National Eclectic Medical Association from 1902 to 1907 and elected President of that body in 1918. His continued close application to business finally broke his health when he decided that he needed a change and rest. He came to California hoping thereby to improve his condition, but it was too late to do him any good. He was in the Westlake Hospital in Los Angeles under observation and treatment for some time, but, on his own request, was removed to his son's home in Pasadena where he died. His ailment was Bright's Disease which steadily sapped his vitality, and ended in the usual fatal comatose sleep.

He was one of the bright lights of Eclecticism, and his passing away is a distinct loss to Eclectic medicine. (Munk)

CHEILITIS EXFOLIATIVA

Douglass W. Montgomery, M.D., San Francisco

Cheilitis exfoliativa is a scaly condition of the lips. It is a manifestation of seborrheic dermatitis, and one of the most obstinate of them. In lighter grades it is not infrequent and may pass unnoticed by the patient. It may, however, be most tantalizing. It sometimes consists of a line of small slightly depressed facets strung along the red of the lip about a millimeter internal to the mucocutaneous border in the line of the opening of the sebaceous glands which lubricate the lips. The following report is a good example of a more than ordinarily severe case of this condition.

Report of Case

History—A Scotch woman, a seamstress, aged 36, consulted me March 17, 1917, for an affection on the red of the upper lip which had been troubling her for the past seven years.

There was no history of tuberculosis in the family; the father died of valvular disease of the heart, the mother of pneumonia. A sister was living and well, and there were no other immediate relatives.

Examination.—A continuous, thick, translucent epithelial plate, like dried collodion, detached itself about every five days from a long, irregularly bordered, sunken surface, which occupied the middle two-thirds of the red of the upper lip. On turning the lip out, yellow miliary bodies could be seen scattered along the upper or anterior edge of this affected area. The whole upper lip was too prominent and had consequently a snoutlike look so frequently seen in infiltrations in this area. In addition to the deformity, the desquamation of the epithelial flake had become most tormenting as the patient was continually trying to loosen it with the lip and tongue. The patient also feared the condition might become malignant.

Besides the affection of the lip, the patient had long suffered from psoriasis, but not of a severe type. She had twice had alopecia areata. It is difficult to say if the psoriasis bore any relationship to the labial affection. For those who consider psoriasis and possibly alopecia areata as seborrhoids, a connection would be assumed.

Constitutionally the patient was not in good condition. She had a heavily coated tongue, a tainted breath, a splashing, dilated stomach, and like most seamstresses, she suffered from constipation. She was anemic—her hemoglobin registered 76 per cent. on the Dare instrument. Her complexion was bad. She had a dirty yellow discoloration about the mouth, and her gums were pale.

Treatment and Results

Previous to consulting me she had abundant and energetic treatment of the lip with caustics, roentgen rays and CO₂ snow but without any amelioration.

March 30, 1917, a radium plaque the size of a 10-cent piece, but containing a heavy charge of radium—24.23 mg.—screened with 0.01 mm. aluminum, was applied for ten minutes. In a few days this caused a reaction on the mucous membrane posterior to the diseased patch—the patch itself with its thick covering was evidently very resistant.

Eight days afterward a 25 mg. radium capsule, shielded with 0.35 mm. silver and 0.75 mm. brass, was laid along the lesion over the crust for ten minutes. This in three days brought on a violent radium reaction with swelling of the lip. By the middle of May this reaction had subsided, and this was the first time in seven years that the center of the lip had stopped peeling. The center was now soft and smooth and the infiltration had disappeared. Both ends of the lesion and a fine line along the posterior edge in the center were still desquamating a little.

June 16, 1917, a radium plaque, 11 mg. strength, screened with 0.05 mm. aluminum, was applied for twenty minutes, and again, screened with 0.10 mm. aluminum, for fifteen minutes. A similar application was made, Sept. 8, 1917. By Nov. 17, 1917, there was still a brown, dry linear crust at the junction of the exposed red of the upper lip and the moist mucous membrane of the mouth. By Dec. 29, 1917, there were two minute, loosely adherent, linear crusts at the right extremity of the original lesion. This was cleared off by lightly wiping with trichloracetic acid. The whole lip was soft and flexible, and the great prominence and rolled out appearance of the upper lip had disappeared.

Comment

I do not believe this trouble could have been cleared up with any other treatment than radium, and it required a good dose of this remedy to obtain results. Roentgen rays, the nearest approach to radium, had already been tried by a competent man without effect.

In regard to penetration, there is no doubt that the gamma rays of radium are much more powerful than roentgen rays, and probably penetrative ability was of determining influence in the present case. It will be remembered that the first radium plaque applied was a very strong one, but it had no appreciable effect on the heavily crusted part of the lesion. It affected only the thin mucous membrane behind the lesion. The next application was a 25 mg. tube laid along the crust.

This, together with a remaining effect of the former plaque, gave rise to a violent reaction. After the subsidence of this reaction the lesion never returned to its old condition of dry, persistent quiescence.

One of the remarkable circumstances of the case is the normal scarless condition of the lip after the severe treatments it received with roentgen rays, CO₂ snow and radium.—(The Journal of Cutaneous Diseases.)

ACUTE GASTRO-ENTERIC INFECTION

Wm. J. Pollock, M.D., Chicago, Ill.

In looking over the history of this disease and that of the other diarrheal troubles of children, it is interesting to note the great variation in terminology employed at different periods and by the different authors at the same period in the history.

Probably the explanation of this great variation is that most of the names employed have been unsatisfactory, and the profession have been looking for something that will better fit the conditions.

For many years the whole class of diarrheal troubles were placed in one great class and called summer diarrheas. This was unsatisfactory, because, as a matter of fact, these troubles were not limited to the summer season, and because there are many conditions or diseases of seemingly different etiology, pathology and symptoms grouped under this general heading.

Then followed the classification of the diseases according to the anatomical lesions, and this was soon found to be confusing, for many varied lesions were found to be associated with the same clinical symptoms, and the only way to differentiate many of the divisions of that time was to hold an autopsy and as this was of no particular benefit to any one but the pathologist some other classification was looked for.

A little later Vaughn, of Ann Arbor, proposed to classify all these affections as milk infections, on account of so large a number of them being caused by impure or infected milk. So far as this particular disease is concerned, there is perhaps ample reasons for so doing, but even then there are some cases that other foods are the cause as well as the milk, and there are undoubtedly cases where the food when taken by the child was pure and the condition of the digestive tract was the cause of the trouble, so that this classification will not hold good in all cases.

Then the bacteriologist comes along and says, "Let me

find the exciting cause of this disease as some one of the many bacteria that we know must abound in the intestinal tract," and so investigations have been made along the lines of bacteriology since about 1885 to the present day, with the result that no bacteria have been isolated that are accepted as the cause of this disease.

Among the earlier bacteriologists Escherich is given credit for the isolation of the bacterium coli commune in 1886, and also the bacterium lactis aerogenes the same year. The latter is found in the discharges from the bowels in nearly all the severe cases of cholera infantum and in other diarrheal troubles of milk-fed children.

Booker isolated seven varieties of bacteria that all resemble the coli commune, but all have distinct characteristics not common to the colon bacilli.

In 1902 Duval and Bassett, working in a sanitarium in Baltimore, were able to demonstrate the presence of the Shiga bacillus in the stools of children suffering from diarrheal troubles. This bacillus was isolated by Shiga, the Japanese investigator, and is the accepted exciting cause of bacillary dysentery; and while it has been found in many of the clinical types of diarrhea, it is most commonly present in those resembling most the dysentery, or those having blood or mucus in the stools.

The streptococci have been demonstrated in many of the cases, and some of the German investigators have contended that there is a distinct type of diarrhea which they are pleased to call streptococcic enteritis, but this has not been recognized by American clinicians.

Time would not permit nor does it seem advisable to go into the description of the different bacteria found in the stools in the diarrheal troubles, but it seems sufficient to say that the investigations that are being made may at some future time enable us to better classify these diseases.

The names under which this disease has been described, from its early history to the present, are summer diarrhea (then including all the diarrheas of children), acute gastro-intestinal catarrh, gastro-enteritis, cholera infantum, acute milk infection, and acute gastro-enteric infection.

Etiology

Probably the most generally active cause of this disease is the food. A mere excess of food is often sufficient to derange digestion and cause intestinal irritation. Overfeeding is also harmful, because it furnishes favorable conditions for the growth of bacteria and to cause fermentative processes to develop in the intestinal tract.

Artificial feeding is another factor that plays an important part in the etiology of the disease. One of the hardest problems that the physician has to solve in general practice is (a) the proper food for each child that must be fed artificially; (b) the proper proportions to use; (c) the proper instructions as to the preparation of the food and the knowledge that these instructions are carefully followed. It is a well known fact that about 90 per cent. of the cases are with the ones that are fed on the artificial foods.

The quality of the food is of the highest importance, and while there is marked improvement in the way that the dairy is managed, and improvement in keeping and transporting milk, yet there is still plenty of room for greater improvement.

Leaving the question open as to the advisability of pasteurization or sterilization of milk, we must admit that milk may contain toxins that are present before pasteurization takes place, and if that be the case then they would not be affected at all by that process.

Pasteurization cannot be relied upon to destroy all the germs that may be in the milk, and bacterial multiplication may be as great or even greater in the milk that has been treated to that process as in the raw milk.

The safety in milk feeding, then, lies in the careful supervision of the dairies, handling the milk in the cleanest possible manner, and the prompt delivery at the home and the prompt refrigeration after its delivery there.

There are other foods that will give trouble as well as milk, and the same care must be exercised with them as with the milk.

Next to the foods as an etiological factor is that of temperature. Most cases occur during the hot summer months, and the greatest number during the month of July. The hot months are the ones when it is most difficult to properly keep the foods, and at the same time the heat is so oppressive that the child's digestive powers are not as great as in the cooler weather. The child is also rendered more susceptible by the free action of the skin and the sudden cooling or chilling at night.

Age.—The age at which the greatest number of cases occur is between the sixth and the twentieth months.

Much difference of opinion is expressed in regard to the effect that dentition has on digestion. There is little doubt in my mind that the reflex disturbances, the increased secretions, the fever that often accompanies dentition, are sources of disturbance to the digestion and in that way predispose one to this disease.

Hygienic Conditions and Environment.—There is no doubt that those that live in the congested districts of the large cities and those that pay little or no attention to cleanliness and pure air are very much more susceptible than those that take advantage of the opposite conditions.

Institutional epidemics are not uncommon, and the utmost care must be taken in the care of these little ones at such times, so that the infection does not spread throughout the whole institution.

Pathology

There is extreme emaciation of the body affecting the muscles and fat, the fontanelles are depressed, the eyes sunken, the elasticity of the skin is gradually lost, and the skin hangs in loose folds. The body resembles that of one in the advanced stages of tuberculosis.

For the severity of the disease the changes in the gastro-intestinal tract are surprisingly mild. There is congestion of the mucous membrane of the stomach and the small intestine, with, in some of the cases, small hemorrhagic spots. The solitary glands and Peyer's patches are swollen, and the center is often pale and signs of degeneration may be found. In some cases necrosis and sloughing has taken place, and an ulcer is left. In some of the cases the mucous membrane of the intestine is very pale and has a "washed-out" appearance.

Bacteria are found in the superficial layers of the mucous membrane and in the glandular structure. The small blood-vessels are usually distended, and an exudation of leukocytes often takes place. In rare cases a general septicemia is present, due to the streptococcus most frequently.

Lesions in other organs are not frequent, owing to the rapid progress of the disease, but broncho-pneumonia may be present, and in some few cases acute degenerative changes are found in the kidney, the liver and the nerve centers. These are generally due to the circulation in the blood of the toxins from the intestines.

Symptoms

The two cardinal symptoms of this disease are (a) vomiting, (b) diarrhea. In some cases the first evidence of this infection is fever. The temperature may be as high as 103° to 105°; intense thirst is the rule, and a complete loss of appetite. The infant will refuse the bottle, and if forced to take it will soon vomit. The vomitus consists of curds, liquids, mucus and bile. Vomiting is often so severe that the child will not be able to keep even water on the stomach. The curds have an ex-

tremely sour smell. The stools are large and watery; at first they are pale green, or yellow and offensive, and later lose their color and odor and consist almost entirely of serum. The number of stools may vary from ten to fifty or more in the twenty-four hours. They are at the first acid in reaction and later become alkaline, and a microscopical examination of them reveals numerous bacteria and shreds of epithelium.

The tongue is coated at first, and later becomes dry and red. The urine is scanty and in some few cases suppressed. The abdomen is distended with gas and tender on palpation. Emaciation is extreme, and the skin soon loses its elasticity and is cold and covered with a cold perspiration. The axillary temperature soon becomes sub-normal, even though the rectal temperature may be 101° to 102° F.

At the first the child is restless and fretful and cries constantly, but as the disease progresses this gives way to a semi-comatose condition, the child lying with its eyes half-open, breathing rapidly and at times irregularly, with very little evidence of vitality. The fontanelles are sunken, the eyes sunken, the features drawn and pinched, and the skin often of a greenish tinge.

One who has seen a few of these cases has seen a picture that he can never forget. Convulsions may occur or a condition of tetany may develop. The temperature may become extremely high before death, 106° to 108° F., or, on the other hand, when recovery is about to begin the temperature comes to about normal, the vomiting ceases, the stools become less frequent and of a more normal consistency and color. Convalescence is usually slow.

Prognosis

The prognosis depends on the infant, its surroundings, the amount and the severity of infection, and the length of the illness. An infant with good vitality, given good care and proper attention to hygiene and the proper medication, certainly should stand a good chance to get well.

The mortality has always been exceedingly high, and that fact alone has at times seemed to relax the effort to save these little ones, but you must bear in mind that as long as there is life there is hope, and that no effort must be spared as long as there is a breath of life in your little patient.

Treatment

No disease with which we have to deal demands more prompt, thorough and active treatment than does this disease.

It is of the utmost importance that we have a competent attendant to care for our patient and to follow the instructions

given to the letter, and to be able to recognize any changes that may take place and notify the attending physician of such change promptly.

There is probably no one thing in the treatment that demands greater attention than the diet and its proper regulation. If the infant is breast-fed, then discontinue the use of the breast for at least twenty-four hours and substitute for that small quantities of toast coffee, with perhaps a few drops of the best brandy added to it. There is not so much danger of starving your patient as there is of allowing the anxious parents to allow it to take foods that will only increase the trouble, and instead of being digested will either increase the vomiting or lay in the stomach until fermentation and decomposition take place, and then the absorption of the toxic materials by the already poisoned infant. Then after the acute symptoms have subsided the return to the breast milk must be gradual, and if the symptoms again develop we may be compelled to stop giving the breast milk entirely and supply some artificial food.

If the child is bottle fed then stop the food whatever it is. I say this because so many say to stop the cow's milk, but it makes little difference to me whether it is cow's milk or some of the artificial foods that is causing the trouble; it is necessary to give the stomach a rest and get it cleaned out before any food will do any good.

I use a toast coffee with these little ones in the beginning the same as I do with those that were breast fed, and after the acute symptoms have subsided I give very small quantities of rice water, barley water, albumen water, or some dilute beef juice. Any of these must be given in very small quantities, and then as the patient gets so that it can take some of the foods great care must be exercised not to make them too strong, and it is much better to begin with giving one-half to one ounce at a feeding than it is to feed the usual quantity that is given to a well child of the same age. Then the stools must be carefully watched and as the patient appears to digest the food well the quantity may be increased slowly.

Hygienic treatment consists of bathing the child often enough to keep it clean and to see that it is clothed in clean clothing, and that the napkins are changed as soon as soiled and are washed and dried away from the room where the child is kept.

The child must be protected from the sudden changes of the temperature, and yet when it is possible to have it in the open air without being exposed to the hot sun or to the chilling

winds it is advisable to do so. The child will do best if kept where the temperature is between 65° and 70° F., or as near that as possible.

Clearing the intestinal tract is the next thing of importance. Usually the stomach is cleared by the vomiting, and yet there are some cases where particles are still being vomited and where it is advisable to wash out the stomach with a weak salt solution and use a No. 10 catheter for the stomach-tube. It is best to use about one quart of the solution for one washing, and the temperature of the solution should be 100° to 103° F. Usually one washing is sufficient, and unless urgent symptoms of gastric fermentation be present I would not repeat the process.

Some cases do well by giving a good dose of castor oil to help cleanse the gastro-intestinal tract, and then follow soon with a thorough irrigation of the bowel. One irrigation will not be sufficient, and after the first irrigation I usually leave orders to have this repeated two or three times daily as the case requires. I have found that unless you have a trained attendant it is best to do the first irrigation yourself, so that the attendant may see how you wish it done.

The vomiting is one of the troublesome symptoms, and demands our early attention. If there is the elongated, pointed tongue, with the reddened tip and edges indicating gastric irritation, then we have several remedies that give excellent results, with perhaps slight variation in the indication. Of these specific ipecac, m. 1-15 to 1-10, or acidi hydrocyanic dil. m. 1-10, or bismuth subnitrate gr. 5, or the lac. bismuth m. 5, every hour to a child six months to one year old, will give excellent results.

I think that I hear some one saying to themselves that they stop all these cases of vomiting with the use of small and frequent doses of calomel. Well, perhaps you can, but if you can then either you are a genius or the drug mentioned has more extensive powers than any in our whole *materia medica*, for we have yet to find any one remedy that will stop all cases of vomiting from all causes and under all conditions.

If there are a few cases where calomel will do the work every time then I would be glad to learn the particular indications for its use and the particular conditions that must be present for it to do the work well.

The vomiting from nervous irritability is best controlled by *rhus tox.*, where the mucous membranes of the mouth, and especially the tongue, are red and the papilla prominent.

The other remedies which we use to control vomiting are not usually indicated in this disease, but if the indications be

present for any one of them then do not hesitate to use the one indicated.

The temperature is best controlled by the use of the sponge bath of water three parts and alcohol one part, and by irrigation of the bowels with a normal salt solution at a temperature of from 90° to 98° F., and by the use of minute doses of aconite, which will aid in controlling the circulation.

There is no remedy in our whole *materia medica* which is so often indicated in this disease as belladonna or its alkaloid. We have the dull, expressionless face; the dilated, immobile pupils; impaired capillary circulation to the skin, cold extremities, and engorgement of the capillary circulation of the intestines. Small doses of atropine or belladonna will equalize the circulation in these conditions as no other remedy can do; send the blood to the capillaries of the skin and give it a warm glow and relieve the congestion of the internal organs.

After the intestinal tract is cleared of the offending material the diarrhea can soon be relieved by the use of gly-*conda* m. 1 to 3, or the syrup *rhei et potassi comp.* m. 5 to 10, associated with *lac. bismuth* and *aquae cinnamon*.

Intestinal antiseptics are usually indicated at some time during the attack, and the ones that are most commonly useful and indicated are small doses of the sulphocarbonates of zinc or soda, or sodium sulphite. These are indicated by the broad pallid tongue, with white or dirty-white pasty coating; pallid mucous membranes, fetor, fermentative and putrefactive processes.

Stimulation is usually necessary at some period of this disease, and I have found that the ones that give me the best service with little children have been small doses of the best brandy and the use of normal salt solution per rectum, and in the extreme cases the use of the normal salt solution by hypodermoclysis. It is well to bear in mind that stimulation should be used only when indicated in order to obtain the best results.

The severe colicky pains in the umbilical, iliac and hypogastric regions are best controlled by the use of small doses of colocynth. Where the colicky pains are of spasmodic character and the pains are more diffuse, with tenderness on pressure, then dioscorea will be of more benefit than colocynth.

Where the stools are very watery and of a greenish color, then the arsenite of copper, gr. 1-100 to 1-150 every two hours, will give relief.

Please bear in mind that you will not expect to treat all of the cases exactly the same, but treat the conditions present in each individual case.

Summary

1. Look well to the cause of the disease in each individual case, and remove it as soon as possible.
2. The cardinal symptoms are vomiting, diarrhea and extreme prostration.
3. The pathology is that commonly found in acute catarrhal inflammations of the mucous membranes of the stomach and small intestines, except that the symptoms are much more severe than we would naturally expect with the same degree of pathological change.
4. The treatment must be active, earnest and energetic, and will consist largely of: (a) Stopping all foods for at least twenty-four hours, or until the gastro-intestinal tract has been cleansed and the vomiting stopped; (b) proper hygienic conditions established; (c) a proper diet established for each individual case (which will require great skill on the part of the physician); (d) a careful application of remedies to the conditions found in each individual case. It is a good rule to prescribe only such remedies as you are positive are indicated from the conditions that you find present, and not because you are able to call the disease by any particular name.

NEWS ITEMS

Dr. Orah K. Allen has changed her address from Franklin Hospital to 1501 Leavenworth Street, San Francisco.

Dr. E. P. Bailey, Long Beach, spent his vacation at Big Bear Lake during July.

Dr. Marshall Welbourn, Ann Arbor, Michigan, is spending a few weeks in California.

Died: Dr. Felicie Petit Piat of Kansas City, Missouri, died recently.

Died: Dr. Thomas D. Hall, Oakland, California, graduate of the California Eclectic Medical College, 1886, a practitioner of Oakland for many years, died May 30, aged 71.

Dr. Finley Ellingwood, Evanston, Illinois, died in Pasadena, California, June 20, aged 68. The body was cremated and the ashes taken to Evanston by his wife and son, where funeral services were held.

Dr. H. T. Cox, Los Angeles, will take a year's vacation and in the meantime his offices will be occupied by Dr. D. A. Stevens, recently of Holtville, California.

Dr. Leland Welbourn, Van Nuys, California, is spending a month in the mountains near San Jacinto, where he has been joined by his brother, Dr. Marshall Welbourn.

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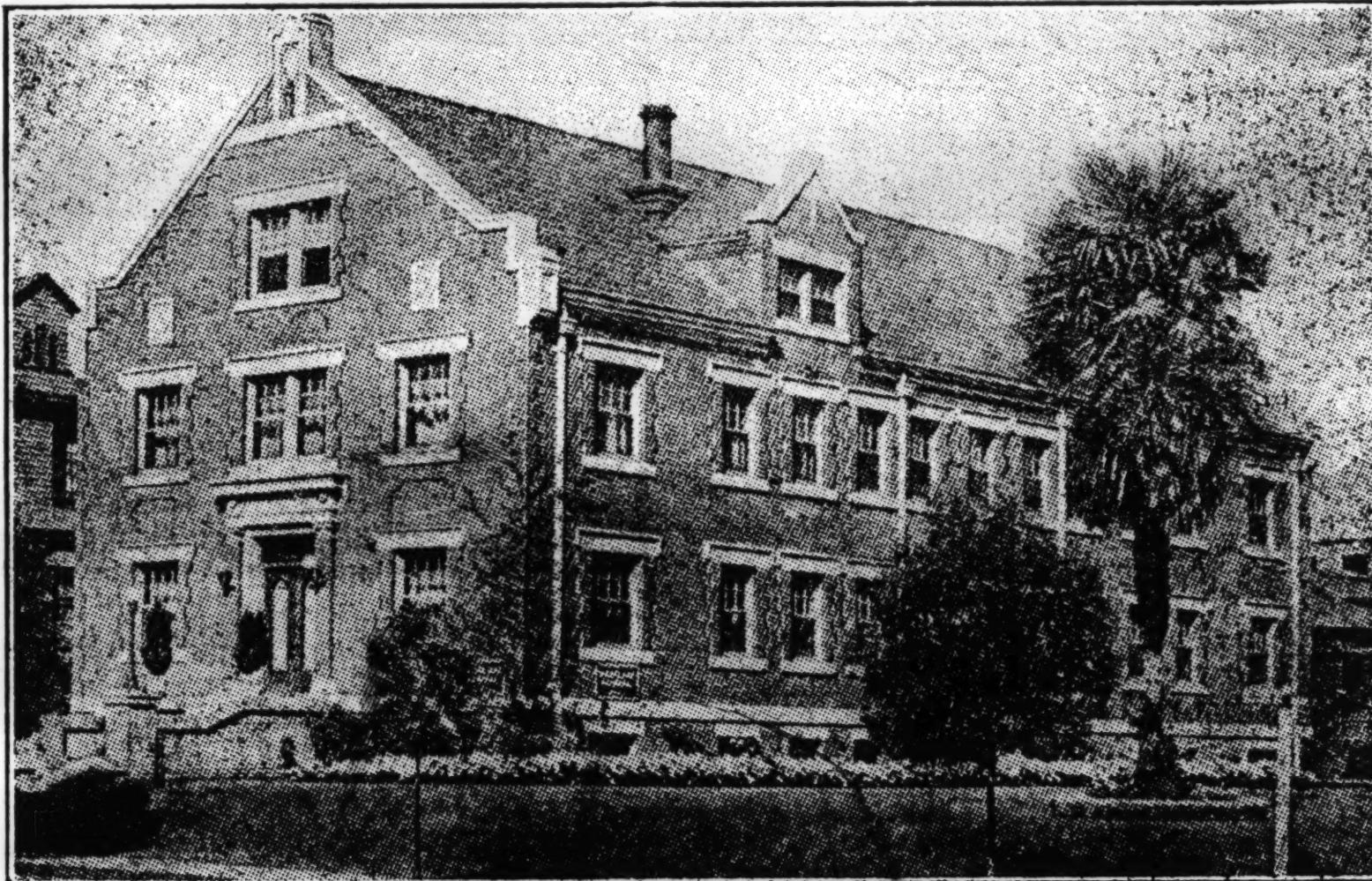
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